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LAWYERS PROFESSIONAL LIABILITY APPLICATION FOR LAW FIRMS WITH 9 OR LESS LAWYERS

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE BOTH FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm*, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead and attach it to this Application.**

In addition, please attach:

- Copies of all letterhead(s) currently in use by the Firm.
- Copy of the Firm's expiring Declarations Page for Lawyers Professional Liability Insurance and all Policy Endorsements.

FIRM INFORMATION

Effective Date Requested:	
Full Legal Name of the Firm:	
Trade Name or D/B/A:	
Principal Address: (Principal office location MUST be in IL)	
City, State, Zip Code:	
County:	
Firm Phone Number:	
Firm Fax Number:	
Website:	
Date Firm Established:	
Contact Name:	
Contact Phone Number:	
Contact E-mail Address:	

If the Firm has an alternate mailing address, please provide the address on a separate sheet of paper.

LAWYER INFORMATION

(Include yourself if you are a Solo Practitioner.)

Lawyer Name	Designation (see below)	Date of Hire (mm/dd/yyyy)	Date Admitted to IL Bar (mm/dd/yyyy)	Average Number of Hours Worked per Week on Behalf of the Firm
E-mail:	ARDC#:		ISBA#:	
E-mail:	ARDC#:		ISBA#:	
E-mail:	ARDC#:		ISBA#:	
E-mail:	ARDC#:		ISBA#:	

E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:
E-mail:	ARDC#:	ISBA#:

Designations: O = Owner, Officer, or Shareholder; P = Partner of a Partnership; A = Associate or Employed Lawyer; S = Solo Practitioner; IC = Independent Contractor; or OC = Of Counsel.

If you are an individual (Solo Practitioner), please identify the Lawyer who is designated to handle cases in the event of your absence or provide a detailed description of your back-up plan in the event of your absence:

Lawyer's Name	Address (City, State, Zip)	Telephone Number	Lawyer's Professional Liability Carrier

IN THE EVENT COVERAGE IS BOUND AND THE FIRM HIRES A NEW LAWYER DURING THE POLICY PERIOD, THE FIRM MUST NOTIFY THE COMPANY AND SUBMIT AN **ADD A LAWYER SUPPLEMENTAL APPLICATION WITHIN THIRTY (30) DAYS OF JOINING THE FIRM FOR COVERAGE TO APPLY TO THE NEW LAWYER.**

FIRM AREA OF PRACTICE

Identify the Firm's Area of Practice based upon percentage (%) of time in the past twelve (12) months (actual hours worked).
Total must equal 100%.

Area of Practice		Area of Practice	
Administrative	%	ERISA	%
Admiralty / Maritime Litigation	%	Estate / Trust / Probate / Wills	%
Anti-Trust / Trade Regulation	%	Family Law – Adoptions	%
Appellate	%	Family Law – Divorce	%
Arbitration / Mediation	%	Foreclosure	%
Bankruptcy	%	Guardianships	%
BI / PI / MM Litigation – Plaintiff	%	Immigration & Naturalization	%
BI / PI / MM Litigation – Defense	%	Intellectual Property – Copyright / Trademark	%
Civil Rights / Discrimination	%	Intellectual Property – Patent	%
Class Action / Mass Tort - Plaintiff	%	Lobbying	%
Collections	%	Oil / Gas / Mining	%
Commercial Law / Corporate Transactions If over 15%, please provide a detailed description of services.	%	Real Estate – Commercial	%
Commercial Litigation – Plaintiff	%	Real Estate – Residential	%
Commercial Litigation – Defense	%	Real Estate – Syndication / Development	%
Criminal / Traffic	%	Securities	%
Employment Law – Employee	%	Tax – Ad Valorem	%
Employment Law – Employer	%	Tax Prep / Tax Opinions	%
Employment Law – Labor Union	%	Workers' Compensation – Plaintiff	%
Entertainment / Sports	%	Workers' Compensation – Defense	%
Environmental	%	TOTAL	%

Number of Non-Lawyer Personnel

Position	Number	Position	Number
Paralegal		Title Agent	
Clerical		Other (specify title)	

Additional Firm Information

1. Does the Firm have any other office locations?
If **Yes**, please complete the **Additional Office Location Supplemental Application**. **YES** NO

2. Does the Firm practice in states other than Illinois (including contingency fee referrals)?
If **Yes**, please complete the **Out of State Supplemental Application**. **YES** NO

3. Does the Firm utilize co-counsel (CC), local counsel (LC), refer cases (RC) or case share (CS) with any other Lawyer?
If **Yes**, please provide the information requested below: **YES** NO

Lawyer's Name	Firm Name	City, State	Relationship	Confirmed Professional Liability is Carried?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Does the Firm outline and reduce to writing the relationship indicated above and outline the responsibilities of each Law Firm to the client? **YES** NO

If **Yes**, does the client sign the letter confirming receipt and acceptance of the letter? YES NO

4. During the past five (5) years:
a. Has any Lawyer of the Firm served as an officer, director, partner, shareholder or employee of any entity other than the Firm or any **Predecessor Firm***;
b. Has any Lawyer of the Firm provided legal services or advice to any entity other than the Firm or any **Predecessor Firm***:
(i) which is, was, or will be owned by a Lawyer of the Firm or any member of the Lawyer's **Immediate Family****;
(ii) which is, was, or will be in any way controlled, managed or operated by the Firm, a Lawyer of the Firm or any member of the Lawyer's **Immediate Family**** including the ownership, maintenance, or use of any property in connection therewith; or
(iii) in which the Lawyer was, is or will be a partner or employee?
If **Yes**, please complete the **Outside Interest Supplemental Application**. **YES** NO
****Immediate Family** member means spouse, party to a civil union, sibling, parent, child or grandparent.

5. In the past five (5) years, has the Firm, **Predecessor Firm***, or any current or former Lawyer(s) with the Firm, or **Predecessor Firm***, provided legal services in any way related to the following (please provide this information even if the services were provided prior to joining the Firm):

a. In connection with the issuance, offering or sale of securities, in connection with:
The Federal Securities Act of 1933 or the Illinois Security Law or any other similar security laws?
Reliance upon the exemption from registration of such issuance or sale under the Federal Securities Act of 1933 or any other similar securities laws?
If **Yes**, please complete the **Securities Supplemental Application**. **YES** NO

b. Served as a trustee or fiduciary such as an administrator, conservator, executor receiver, guardian or escrow agent of any client or have any discretionary investment authority over client funds?
If **Yes**, please complete the **Estate/Trust Supplemental Application**. **YES** NO

6. Do any of the Firm's Lawyers or non-Lawyer employees provide any other professional services such as, but not limited to, an accountant, insurance agent or broker, consultant, investment advisor, real estate agent or broker, securities agent or broker?
If **Yes**, please provide the name of the Lawyer or non-Lawyer employee, their professional designation, the services they provide, the name of the entity on whose behalf they perform the services, and the number of hours worked in that capacity. **YES** NO

7. Please provide any **Predecessor Firm*** below:

Name of Predecessor Firm*	Date Established (mm/dd/yyyy)	Date Dissolved (mm/dd/yyyy)	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders at Time of Dissolution	Number of Owners, Officers, Partners, Associates, Employees, or Shareholders who Joined Successor Firm

***Predecessor Firm** means any Law Firm which prior to the effective date of the proposed Policy is dissolved and from which the Firm has retained at least fifty percent (50%) of the lawyers who were owners, officers, partners, associates, employees or shareholders.

FIRM INTERNAL PROCEDURES

8. Does the Firm have a procedure for evaluating New Clients/New Matters, such as, but not limited to, fit with Firm's Areas of Practice, conflict of interest check, the client's expectations, merits of the client's case and/or client's history of changing Lawyers?			<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does the Firm have a Docket/Calendar Control System? If Yes , which of the following types of docket control system(s) are used by the Firm?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Computer Docket Software	<input type="checkbox"/> YES <input type="checkbox"/> NO	Master Calendar	<input type="checkbox"/> YES <input type="checkbox"/> NO
Individual Lawyer Diary (separate from Master Calendar)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tickler System	<input type="checkbox"/> YES <input type="checkbox"/> NO
Day-Timer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Which of the following Conflict of Interest methods are used by the Firm?			<input type="checkbox"/> N/A
Computer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Index File	<input type="checkbox"/> YES <input type="checkbox"/> NO
Client lists	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Which of the following lists does the Firm maintain as part of its Conflict Check procedures?			
Current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Description of matter/nature of legal work	<input type="checkbox"/> YES <input type="checkbox"/> NO
Names of spouses of current and former clients	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clients or matters of a Predecessor Firm*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Opposing parties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (describe)	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does the Firm review client files every thirty (30) to sixty (60) days?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Does the Firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage (%) of the time?			%
14. Does the Firm use client engagement letters and/or contingency fee agreements which outline the scope of services to be provided when accepting all NEW MATTERS to the Firm?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , what percentage (%) of the time?			%
15. How many lawsuits or arbitration proceedings has the Firm initiated to collect unpaid fees due and owing to the Firm in the past two (2) years that did not include family law?			
If more than three (3) fee dispute proceedings, please provide the date of suit(s), nature of client representation, the total dollar amount in dispute, current status of the matter and if still a Firm client.			
16. When evaluating whether a case should be sent for collection, is a complete review of the underlying work product completed to determine the likelihood of a counter-claim alleging malpractice?			<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Does the Firm wait until the applicable statute of limitation of a potential malpractice counter-claim has expired before filing a suit (or instituting arbitration) for fees?			<input type="checkbox"/> YES <input type="checkbox"/> NO

FIRM GROSS REVENUES

18. Please provide the gross revenue generated by the Firm. Note: If the Firm is a start-up, please provide estimate for next twelve (12) months only.				
Past twelve (12) months		Estimate for next twelve (12) months		
\$		\$		
19. Does any one (1) client (including its subsidiaries and/or affiliates) of the Firm represent over forty percent (40%) of the Firm's revenue?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide the following information for each client of the Firm who represents over forty percent (40%) of the Firm's revenue:				
Name of Client/State Client located	% of Firm Revenue	Industry of Client	Number of Years as a Client of the Firm	Legal Services Provided
	%			
	%			

PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS

20. After inquiry, during the past five (5) years, has any professional liability **Claim***** been made against the Firm, any **Predecessor Firm***, any present Lawyers with the Firm, or to your knowledge, any former Lawyer with the Firm or **Predecessor Firm***? **YES** **NO**

If **Yes**, provide number _____.

21. After inquiry, is the Firm or any Lawyer with the Firm, aware of any potential **Claim*****, including but not limited to, any act, error, omission, fact, circumstance, a request for a tolling agreement, a request for a deposition, a subpoena request for any file, ARDC complaint, situation, legal work, or any allegation of negligence that might result in any professional liability **Claim***** against the Firm, or any **Predecessor Firm***, or any past or present Lawyer with the Firm regardless whether such **Claim***** would be without merit? **YES** **NO**

If **Yes**, provide number _____.

If **Yes**, to questions 20 or 21 above, please complete a **Claim Supplemental Application** for each prior **Claim***** or potential **Claim*****. This Application must be accompanied by applicable currently valued **Loss Runs for the Past Five (5) Years**.

22. Have any of the Firm's Lawyers been the subject of any of the following disciplinary actions, investigations or proceedings by any court, bar association, administrative agency or regulatory body?

Pending Investigation/Proceeding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Censured	<input type="checkbox"/> YES <input type="checkbox"/> NO
Refused Admittance to Bar or Court	<input type="checkbox"/> YES <input type="checkbox"/> NO	Suspended	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sanctioned or Fined	<input type="checkbox"/> YES <input type="checkbox"/> NO	Disbarred	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reprimanded	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO

If **Yes** to any of the above:

- **Provide number open** _____ **Provide number closed** _____
- Include copies of the complaint, current disposition and/or a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.

*****Claim** means a demand received for money or services, or the service of a suit or the initiation of an arbitration proceeding against the Firm that seeks damages arising out of an act, error or omission in rendering professional legal services including an act, error or omission of which the Firm, or anyone associated with the Firm is aware and which they know, or ought reasonably to have known, might give rise to a demand for money or services, or the service of suit or arbitration proceeding against them.

IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIM EXPENSES IN CONNECTION WITH ANY CLAIM* OR DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM***, POTENTIAL CLAIM***, DISCIPLINARY ACTION, INVESTIGATION OR PROCEEDING, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH, OR THAT SHOULD HAVE BEEN SET FORTH, IN CONNECTION WITH THE ABOVE QUESTIONS.**

PRIOR INSURANCE COVERAGE

23. Identify the Professional Liability Insurance Coverage carried by the Firm during the past five (5) years.

Note: Please attach the Firm's current Declarations Page and all Policy Endorsements.

Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Insurance Carrier	Limits of Liability	Deductible	Annual Premium	# of Insured Lawyers

24. Does the Firm's current Lawyers Professional Liability insurance policy have a retroactive date/prior acts date set forth either on the Declarations Page or in a prior acts exclusion endorsement? **YES** **NO**

If **Yes**, what is the retroactive date?

25. Has the Firm, or any **Predecessor Firm***, purchased an Extended Reporting Period (ERP)/Tail Coverage under any current or past Lawyers Professional Liability insurance policy? **YES** **NO**

If **Yes**, provide details including reason for purchasing an ERP/Tail Coverage, length of ERP/Tail Coverage purchased, and date ERP/Tail Coverage commenced.

26. During the past five (5) years, has any insurance carrier canceled or refused to renew the Firm's Lawyers Professional Liability insurance for any reason other than carrier's withdrawal from the market? **YES** **NO**

27. During the past five (5) years, has any insurance carrier decreased the Firm's coverage at renewal? **YES** **NO**

If **Yes** to either question 26 or 27 above, please provide a copy of the Non-Renewal Notice or Notice of Decrease in Coverage received by the Firm, including reason for such action.

REQUESTED LIMITS OF LIABILITY AND DEDUCTIBLE(S)

NOTE: The Company pays the first \$5,000 of CLAIM EXPENSES that the Company incurs as a result of a Claim that an Insured reports to the Company in writing in accordance with the Conditions Section of the Policy.

Limits of Liability – Each Claim/Annual Aggregate		Deductible – Each Claim	
\$250,000 / \$500,000	<input type="checkbox"/>	\$2,000,000 / \$2,000,000	<input type="checkbox"/>
\$250,000 / \$750,000	<input type="checkbox"/>	\$2,000,000 / \$4,000,000	<input type="checkbox"/>
\$500,000 / \$500,000	<input type="checkbox"/>	\$3,000,000 / \$3,000,000	<input type="checkbox"/>
\$500,000 / \$1,000,000	<input type="checkbox"/>	\$4,000,000 / \$4,000,000	<input type="checkbox"/>
\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$5,000,000 / \$5,000,000	<input type="checkbox"/>
\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$5,000,000 / \$10,000,000	<input type="checkbox"/>
\$1,000,000 / \$3,000,000	<input type="checkbox"/>	Other \$ _____ / \$ _____	<input type="checkbox"/>
		\$0 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>
		Available to Solo Practitioners ONLY	\$10,000* <input type="checkbox"/>
		\$1,000 <input type="checkbox"/>	\$15,000* <input type="checkbox"/>
		\$2,000 <input type="checkbox"/>	\$20,000* <input type="checkbox"/>
		\$2,500 <input type="checkbox"/>	\$25,000* <input type="checkbox"/>
		\$3,000 <input type="checkbox"/>	Other* <input type="checkbox"/>
		\$4,000 <input type="checkbox"/>	\$ _____ <input type="checkbox"/>

*If a Deductible of \$10,000 or higher is selected, please provide Firm's Financial Statement or current Bank Statement evidencing Firm's ability to pay the requested Deductible level.

REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Illinois State Bar Association Mutual Insurance Company ("Company") is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered to be insured. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following are true and correct as of the inception date of the policy:

- a. The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this Application is a full and true exposition of all the facts and circumstances with regard to the risk to be insured.
- b. No **Claim***** has been made against the Firm or any person(s) proposed for this insurance nor has any person proposed for this insurance received a request for deposition in the past five (5) years and no disciplinary action, investigation or proceeding has been filed against any Lawyer proposed for this insurance other than as disclosed in the Application and/or loss runs submitted to the Company.
- c. No person or entity for whom this insurance is intended has any knowledge of any act, error, omission, fact or circumstance, tolling agreement, request for deposition, a subpoena for any file, disciplinary action, investigation or proceeding, situation, legal work or any allegation of negligence that might result in any professional liability **Claim***** against the Firm, or any **Predecessor Firm***, or any past or present Lawyer in the Firm regardless whether such **Claim***** would be without merit other than as disclosed in this Application.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of this Application does not bind the Company to issue a policy, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this Application are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered or occurs between the date of completion of this Application and the date that coverage is bound by the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be immediately reported in writing to the Company.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

Coverage is NOT bound until appropriate premiums and any required supplements have been received. The Company reserves the right to withdraw or amend the quoted terms at any time prior to the proposed effective date of coverage if changes material to the underwriting of the Application are received.

SIGNATURE			
Signature of Owner, Officer, Partner, Shareholder, or Member (only one signature needed)			
Name:		Title:	
SIGNATURE ▶		DATE ▶	